

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN333AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2009
NAME OF PROVIDER OR SUPPLIER PARK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 IVES CT RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/6/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 60 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 36. Fifteen resident files were reviewed and 11 employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review and interview on 5/6/09, the facility failed to ensure 1 of 11 employees met background check requirements (Employee #10). This was a repeat deficiency from the 5/15/08	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	Continued From page 2 Yellow and Grey houses The cabinetry of the kitchenettes was found worn and potentially able to absorb spills. White house The microwave was domestic grade and does not meet the NRS/NAC 446 requirement of commercial equipment certified to NSF Standards. The microwave was significantly soiled on the inner surfaces of the door and between door panels making it difficult to clean. Vacant Blue house Domestic refrigerators, microwaves, toasters, dishwashers and a coffee pot do not meet the requirement of commercial equipment certified to NSF Standards and cannot remain if and when residents re-occupy the blue house. White, Yellow, Brown and Grey houses Domestic toasters do not meet the requirement of commercial equipment certified to NSF Standards. Severity: 2 Scope: 3	Y 255			
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.	Y 274			

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Y 274	Continued From page 3 This Regulation is not met as evidenced by: Based on record review, interview and observation on 5/6/09, the facility failed to comply with NAC 449.2175, which states that any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. It was determined that at least 2 of the last 3 months of meal substitution records were located off the premises at an employee's home, as acknowledged by the Administrator. Severity: 1 Scope: 3	Y 274			
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on record review and interview on 5/6/09, the facility failed to notify the physician of missed doses of medication for 1 of 15 residents (Resident #4). Severity: 2 Scope: 1	Y 883			
Y 908 SS=A	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746	Y 908			

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Y 920	Continued From page 5 resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation on 5/6/09, the facility failed to ensure that medications to be self administered were stored in a locked container inaccessible to other residents for 1 of 15 residents (Resident #10). Severity: 2 Scope: 1	Y 920			
Y 936 SS=A	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	Y 936			

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Y 936	<p>Continued From page 6</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 5/6/09, the facility failed to have adequate evidence that 1 of 15 residents tested positive for tuberculosis (Resident #8).</p> <p>This was a repeat deficiency from the 5/15/09 State Licensure survey.</p> <p>Severity: 1 Scope: 1</p>	Y 936			

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